

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name: _____

Date Enrolled: _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Payment	\$247.76 - \$60 (paid by client) <u>\$187.76</u>	works 20-24 hrs/wk * makes \$330 a 2 weeks. Looking for supplemental job options
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@aa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: _____

Approved for purchase: _____

Date

Purchase denied: _____

Date

Reason for denying purchase: _____

MIDWEST ACCEPTANCE CORP
COUPON NO. 7

ACCOUNT #:

PAYMENT DUE ON:

05/20/17 \$247.76

DUE AFTER:

06/04/17 \$260.15

(FOR CUSTOMER USE)

AMOUNT PAID \$

THANK YOU